



Attorney Docket No.: 28069-547CIP2
(Formerly: 401865/SKYEPHARMA)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor : Indu PARIKH Confirmation No.: 8677
Serial No. : 09/282,471 Customer No. : 35437
Filing Date : March 31, 1999
TC/Art Unit : 1615
Examiner : Susan T. TRAN
For : **Fenofibrate Microparticles**

Attention: Office of Petitions
MAIL STOP PETITION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**AMENDMENT IN RESPONSE TO THE FINAL OFFICE ACTION
DATED MAY 5, 2004**

Dear Sir:

This Amendment under 37 C.F.R. §1.116 is submitted in reply to the May 5, 2004 final Office Action received in the above-identified patent application. This Amendment is submitted in conjunction with a Petition for Revival of an Application for Patent Abandoned Unintentionally under 37 C.F.R. §1.137(b).

Please amend the application as follows:

Amendments to the Specification are found on page 2 of this paper.

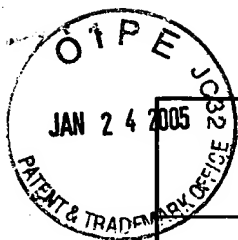
Amendments to the Claims are reflected in the listing of claims that begin on page 3 of this paper.

Remarks/Arguments are found on page 9 of this paper.

Entry and consideration of this responsive amendment are respectfully requested at the time of examination of the subject application.

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**AMENDMENT TRANSMITTAL**

Docket No.
28069-547CIP2
(Formerly:
401865/SKYE PHARMA)

Serial No.
09/282,471

Filing Date
March 31, 1999

Examiner
Susan T. TRAN

Group Art Unit
1615

Applicant: Indu PARIKH

Invention: **Fenofibrate Microparticles**

TO THE COMMISSIONER FOR PATENTS**MAIL STOP PETITION, Office of Petitions**

Transmitted herewith is an Amendment and response in the above-identified application.

The fee has been calculated and is transmitted as shown below.

<u>CLAIMS AS AMENDED</u>					
	Claims Remaining After Amendment	Highest # Previously Paid	# Extra Claims Present	Rate	Additional Fee
Total Claims	30	- 24 =	6	x \$50.00	\$300.00
Independent Claims	2	- 3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Total					\$0.00
Small Entity Reduction (-50%):					
TOTAL ADDITIONAL CLAIM FEE FOR THIS AMENDMENT					\$300.00

☒ Large Entity

☐ Small Entity

☐ No additional claim fee is required for amendment.

☐ Please charge Deposit Account No. **50-0311** in the amount of _____
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$300.00 to cover the claim fee is enclosed.

☒ The Commissioner is hereby authorized to charge and credit Deposit Account No. **50-0311**
(Docket No. **28069-547CIP2**) as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 C.F.R. 1.16 and
1.17.

Leslie A. Serunian

Dated: January 24, 2005

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